

Trinity House Apartments

400 Mill Street
Columbia, PA 17512
717-684-4141

Thank you for your inquiry to Housing Development Corporation MidAtlantic. We build hope and opportunity for all residents to reach their full potential by creating, preserving and strengthening affordable housing communities for those with low-to moderate income.

Trinity House Apartments is for seniors age 62 and older or underage handicapped and/or disabled. This property features 133 efficiency or one-bedroom apartments (only).

Enclosed is an application and fact sheet that includes property information, amenities, unit rents*, and income guidelines. *Income limits must be met to qualify.

When completing emailed or downloaded applications, please note the following:

- There is a different application for every property, please make sure you are filling out the correct application.
- ALL pages of the application must be completed and returned, or the application will not be accepted.
- You may NOT email or fax applications. All applications must be mailed or hand delivered to the property where you are applying for residency.

This application must be returned to:

**Trinity House Apartments
400 Mill Street
Columbia, PA 17512**

If you have any questions including; income guidelines/qualifications, length of waiting list or availability, pet policy, etc., please contact the Community Manager at 717-684-4141 or email TrinityHouseApartments@hdcweb.com.

We look forward to welcoming you home to HDC MidAtlantic!

HDC MIDATLANTIC TEAM

info@hdcweb.com

www.hdcweb.com

Equal Housing Opportunity



Another property professionally managed by Housing Development Corporation MidAtlantic

4-6 West King Street, Suite 4 • Lancaster, PA 17603-3824 • 717-291-1911 • National Relay Service: Dial 711



Trinity House Apartments

400 Mill Street
Columbia, PA 17512
717-684-4141

Gracias por su consulta al Housing Development Corporation MidAtlantic. Construimos esperanza y oportunidad para que todos los residentes alcancen su máximo potencial creando, preservando y fortaleciendo comunidades de viviendas razonables para aquellos con ingresos bajos a moderados.

Trinity House Apartments es para personas mayores de 62 años o mayores, discapacitados y / o discapacitados menores de edad. Esta propiedad cuenta con 133 apartamentos de eficiencia o de un dormitorio (solo).

Se adjunta una solicitud y una hoja informativa que incluye información de propiedad, servicios, alquileres de unidades * y pautas de ingresos. * Los límites de ingresos deben cumplirse para calificar.

Al completar aplicaciones enviadas por correo electrónico o descargadas, tenga en cuenta lo siguiente:

- Hay una solicitud diferente para cada propiedad, asegúrese de completar la solicitud correcta.
- TODAS las páginas de la solicitud deben completarse y devolverse, o la solicitud no será aceptada.
- NO puede enviar aplicaciones por correo electrónico o fax. Todas las solicitudes deben enviarse por correo o entregarse personalmente a la propiedad donde solicita la residencia.

Esta solicitud debe devolverse a:

**Trinity House Apartments
400 Mill Street
Columbia, PA 17512**

Si tiene alguna pregunta incluida; pautas de ingresos / calificaciones, duración de la lista de espera o disponibilidad, política de mascotas, etc., comuníquese con el Gerente de la comunidad al 717-684-4141 o envíe un correo electrónico a TrinityHouseApartments@hdcweb.com.

¡Esperamos darle la bienvenida a casa en HDC MidAtlantic!

HDC MIDATLANTIC TEAM

info@hdcweb.com

www.hdcweb.com

OPORTUNIDAD DE VIVIENDA IGUAL



Another property professionally managed by Housing Development Corporation MidAtlantic

4-6 West King Street, Suite 4 • Lancaster, PA 17603-3824 • 717-291-1911 • National Relay Service: Dial 711





400 Mill Street
Columbia, PA 17512
(717) 684-4141 TTY 711
info@hdcweb.com



RESIDENT REQUIREMENTS:

Minimum Age: 62
Or Underage Handicapped/Disabled

REQUISITOS PARA RESIDENTES:

Edad mínima: 62
O personas menores de edad que necesitan funciones de accesibilidad

RENTAL INFORMATION:

133 Affordable Housing, Senior Occupancy Apartments
Income Limits Apply

INFORMACIÓN DEL ALQUILER:

*133 viviendas asequibles, apartamentos para personas mayores
Se aplican límites de ingresos*

Efficiency Apartments (1 Full Bath, 368 square ft.)

Apartamentos Efficiency (1 baño completo, 368 pies cuadrados)

1 Bedroom Apartments (1 Full Bath, 467-529 square ft.)

Apartamentos de 1 habitación (1 baño completo, 467-529 pies cuadrados)

RENT BASED ON ADJUSTED MONTHLY INCOME

Rent Includes Cable TV, Electric, Heat, Water, Sewer and Trash Removal

ALQUILER BASADO EN INGRESOS MENSUALES AJUSTADOS

*El Alquiler Incluye Televisión Por Cable, Eléctrico, La Calefacción, El Agua,
El Alcantarillado Y La Recogida De Basuras*



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AMENITIES INCLUDE:

Las comodidades incluyen:

◆ **Air Conditioning**

Aire acondicionado centralizado

◆ **Fully Equipped Kitchen**

Cocina totalmente equipada

◆ **Emergency Pull Cord System**

Sistema de cable de emergencia

◆ **Laundry Facilities**

Instalaciones de lavandería

◆ **Elevators**

Ascensors

◆ **Community Room**

Habitación comunitaria

◆ **Off Street Parking**

Aparcamiento en la calle

◆ **Scenic River View**

Vista panorámica del río

◆ **Pet Friendly**

Se aceptan mascotas

◆ **Tobacco Free Community**

Comunidad libre de tabaco

◆ **On-Site Property Management**

Gestión de la propiedad en el sitio

◆ **24 Hour Emergency Maintenance**

Mantenimiento de emergencia las 24 horas

◆ **Tele-Entry System with Cameras**

Sistema de tele-entrada con cámaras

◆ **Resident Services & Activities**

Servicios y actividades para residentes

INCOME LIMITS:

Saint Peter Apartments is an affordable rental community and maximum income limits apply for all rental opportunities. The maximum income levels are based on a percentage of the Lancaster County median income by household size. When applying for residency, applicants will be required to complete forms pertaining to their household composition, gross household income (before any deductions) and your income from assets.

LÍMITES DE INGRESOS:

Saint Peter Apartments son una comunidad de alquiler asequible y los límites máximos y mínimos de ingresos son de aplicación para todas las oportunidades de alquiler. Los niveles máximos de ingresos se basan en un porcentaje de los ingresos medios del Condado de Lancaster por tamaño del hogar. Al solicitar la residencia, los solicitantes deberán completar formularios relacionados con la composición de su hogar, los ingresos brutos del hogar (antes de cualquier deducción) y sus ingresos de activos.

MAXIMUM INCOME LIMITS:

LÍMITES MÁXIMOS DE INGRESOS:

	1 person	2 people
Extremely Low - 30%	\$16,700	\$19,100
Very Low - 50%	\$27,850	\$31,880

APPLICATION PROCESSING:

Credit history, criminal background, landlord history, and other resident selection criteria apply. Income limits, and other resident selection criteria will determine the eligibility to lease the apartment/townhome. Households comprised entirely of full-time students will not qualify unless certain exceptions are met. All statements made on the rental application must be verified in writing through a third party not related to the applicant household.

PROCESAMIENTO DE LA SOLICITUD:

Son de aplicación los antecedentes de crédito, los antecedentes penales, el historial de arrendador y otros criterios de selección de residentes. Los límites de ingresos y otros criterios de selección de residentes determinarán la elegibilidad para arrendar el apartamento/la casa adosada. Los hogares compuestos enteramente por estudiantes a tiempo completo no cumplirán con los requisitos a menos que se cumplan ciertas excepciones. Todas las declaraciones hechas en la solicitud de alquiler deben ser verificadas por escrito a través de un tercero no relacionado con el hogar solicitante.

TO ALL APPLICANTS:

The United States Department of Housing & Urban Development pays the rental subsidy for this community. Therefore, in compliance with the HUD regulations, as a part of your rental housing application we will run a criminal check, sex offender check, credit check, landlord reference check, verification of income, verification of assets and other resident selection criteria on all persons in your household age 18 and older as required by our management contract with the owner of this community.

In addition, please be advised that under Federal Law, persons with disabilities have the right to request reasonable accommodations to rules and modifications to apartments as no cost to themselves.

REGISTERED SEX OFFENDERS WILL NOT BE ADMITTED FOR HOUSING.

Thank you,

MANAGEMENT AGENT: HDC MIDATLANTIC

A TODOS LOS SOLICITANTES:

El Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos paga el subsidio de renta para esta comunidad. Por consiguiente, en cumplimiento con las regulaciones de HUD, como parte de su solicitud de vivienda en alquiler llevaremos a cabo verificaciones de antecedentes penales, de agresores sexuales, de crédito, de referencia de arrendadores, de ingresos, de bienes y otros criterios de selección de residentes sobre todas las personas del hogar a partir de los 18 años, tal y como lo requiere nuestro contrato de gestor con el propietario de esta comunidad.

Además, tenga en cuenta que, según la ley federal, las personas con discapacidad tienen el derecho de solicitar acomodaciones razonables a las reglas y modificaciones en los apartamentos sin costo a ellos mismos.

NO SE ADMITIRÁN AGRESORES SEXUALES REGISTRADOS PARA LAS VIVIENDAS.

Gracias,

AGENTE DE ADMINISTRACIÓN: HDC MIDATLANTIC

FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

Please complete this application and return to:

Por favor rellene esta solicitud y devuélvala a:

Trinity House Apartments
400 Mill Street, Columbia, PA 17512

*THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL NOT BE DISCLOSED WITHOUT YOUR CONSENT.
LA SIGUIENTE INFORMACIÓN ES CONFIDENCIAL Y NO SE DIVULGARÁ SIN SU CONSENTIMIENTO.*

Number of bedrooms: _____ Do you receive Section 8 or any other rental subsidy? Yes No

Número de dormitorios: _____ ¿Recibe Ud. Sección 8 o cualquier otro subsidio de alquiler? Sí No

HOUSEHOLD COMPOSITION/ COMPOSICIÓN DEL HOGAR

**Starting with the Head of Household, list all members who will live at this location. Provide the relationship of the household member to the Head of Household (spouse, daughter, etc.)
Comenzando por la persona cabeza de familia, enumere todos los miembros que vivirán en esta ubicación. Proporcione la relación del miembro con la persona cabeza de familia (cónyuge, hija, etc.)**

MEMBER NO. MIEMBRO N°	FULL NAME NOMBRE COMPLETO	RELATIONSHIP PARENTESCO	BIRTHDATE MM/DD/YEAR FECHA DE NACIMIENTO MM/DD/AÑO	SOCIAL SECURITY NO. Nº SEGURIDAD SOCIAL
Head of Household <i>Cabeza de familia</i>				
2				
3				
4				
5				
6				
7				
8				

Applicant's Name (Head of Household) <i>Nombre del solicitante (Cabeza de familia)</i>	Email address: Dirección de correo electrónico:	Home Phone Teléfono de casa ()
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Present Street Address <i>Domicilio actual</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	No. Yrs. at Present Address <i>Nº años en el domicilio actual</i>
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Former Street Address <i>Antiguo domicilio</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	No. Yrs. at Former Address <i>Nº años en el antiguo domicilio</i>
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Co-Applicant's Name <i>Nombre del co-solicitante</i>	Email address: Dirección de correo electrónico:	Home Phone Teléfono de casa ()
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Present Street Address <i>Domicilio actual</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	No. Yrs. at Present Address <i>Nº años en el domicilio actual</i>
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Former Street Address <i>Antiguo domicilio</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	No. Yrs. at Former Address <i>Nº años en el antiguo domicilio</i>
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CURRENT / PREVIOUS LANDLORD INFORMATION (Head of Household) Provide the name, address, and phone number for all landlords in the past 3 years. INFORMACION DEL ARRENDADOR ACTUAL/PREVIO (Cabeza de familia) Proporcione el nombre, la dirección y el número de teléfono de todos los arrendadores de los últimos 3 años.				
Current Landlord Street Address <i>Dirección del arrendador actual</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	Phone <i>Télefono</i> ()
Previous Landlord Street Address <i>Dirección del arrendador anterior</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	Phone <i>Télefono</i> ()
Previous Landlord Street Address <i>Dirección del arrendador anterior</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	Phone <i>Télefono</i> ()

CURRENT / PREVIOUS LANDLORD INFORMATION (Co-Applicant) Provide the name, address, and phone number for all landlords in the past 3 years. INFORMACION DEL ARRENDADOR ACTUAL/PREVIO (Co-solicitante) Proporcione el nombre, la dirección y el número de teléfono de todos los arrendadores de los últimos 3 años.				
Current Landlord Street Address <i>Dirección del arrendador actual</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	Phone <i>Télefono</i> ()
Previous Landlord Street Address <i>Dirección del arrendador anterior</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	Phone <i>Télefono</i> ()
Previous Landlord Street Address <i>Dirección del arrendador anterior</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	Phone <i>Télefono</i> ()

EMPLOYMENT INFORMATION INFORMACION SOBRE EL EMPLEO			
Name and Address of Employer (Head of Household) <i>Nombre y dirección del empleador (Cabeza de familia)</i>		Type of Business <i>Tipo de negocio</i>	Self Employed? <i>¿Autónomo?</i> Yes/Sí <input type="checkbox"/> No <input type="checkbox"/>
Business Phone Number <i>Número de teléfono del negocio</i> ()	Position/Title <i>Puesto/Título</i>	No. Yrs. on Job <i>Nº Años en el empleo</i>	
Name and Address of Previous Employer (if employed at present position less than 1 yr.) <i>Nombre y dirección del empleador anterior (si lleva empleado en la posición actual menos de 1 año)</i>		No. of Yrs. with Previous Employer <i>Nº Años con empleador anterior</i>	Business Phone <i>Télefono del negocio</i> ()
Business Phone Number <i>Número de teléfono del negocio</i> ()		Position/Title <i>Puesto/Título</i>	No. Yrs. on Job <i>Nº Años en el empleo</i>

Name and Address of Employer (Other Adult Member) <i>Nombre y dirección del empleador (otro miembro adulto)</i>		Type of Business <i>Tipo de negocio</i>	Self Employed? <i>¿Autónomo?</i> Yes/Sí <input type="checkbox"/>
Business Phone Number <i>Número de teléfono del negocio</i> ()	Position/Title <i>Puesto/Título</i>	No. Yrs. on Job <i>Nº Años en el empleo</i>	No <input type="checkbox"/>
Name and Address of Previous Employer (if employed at present position less than 1 yr.) <i>Nombre y dirección del empleador anterior (si lleva empleado en la posición actual menos de 1 año)</i>		No. of Yrs. with Previous Employer <i>Nº Años con empleador anterior</i>	Business Phone <i>Teléfono del negocio</i> ()

YEARLY INCOME / INGRESOS ANUALES				
SOURCE <i>FUENTE</i>	APPLICANT <i>SOLICITANTE</i>	CO-APPLICANT <i>CO-SOLICITANTE</i>	OTHER HOUSEHOLD MEMBERS 18 YRS OR OLDER <i>OTROS MIEMBROS DEL HOGAR DE 18 AÑOS O MÁS</i>	TOTAL
Gross Salary from Wages <i>Salario bruto de salarios</i>	\$	\$	\$	\$
Overtime Pay <i>Pago por horas extras</i>	\$	\$	\$	\$
Commissions/Fees/Tips/Bonuses <i>Comisiones/Tasas/Propinas/Bonos</i>	\$	\$	\$	\$
Unemployment Benefits <i>Beneficios por desempleo</i>	\$	\$	\$	\$
Workers Compensation, etc. <i>Indemnización a los trabajadores, etc.</i>	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds, etc. <i>Seguridad social, pensiones, fondos de jubilación, etc.</i>	\$	\$	\$	\$
TANF Payments <i>Pagos TANF</i>	\$	\$	\$	\$
Alimony, Child Support <i>Pensión alimenticia, manutención de hijos</i>	\$	\$	\$	\$
Interest and/or Dividends <i>Intereses y/o dividendos</i>	\$	\$	\$	\$
Net Income from Business <i>Ingresos netos de negocios</i>	\$	\$	\$	\$
Net Rental Income <i>Ingresos netos de alquiler</i>	\$	\$	\$	\$
Financial Assistance in excess of Tuition: <i>Asistencia financiera por encima de la matrícula:</i>	\$	\$	\$	\$
Other: <i>Otros:</i>	\$	\$	\$	\$
			TOTAL:	\$

ASSETS ACTIVOS	CASH VALUE VALOR EN EFECTIVO	NAME OF FINANCIAL INSTITUTION NOMBRE DE LA INSTITUCIÓN FINANCIERA
Checking Account <i>Cuenta corriente</i>	\$	
Savings Account <i>Cuenta de ahorros</i>	\$	
Certificate of Deposit <i>Certificado de depósito</i>	\$	
Mutual Funds/Stocks/Bonds <i>Fondos Mutuos/Acciones/Bonos</i>	\$	
Real Estate <i>Inmobiliaria</i>	\$	
Whole Life Insurance Policy <i>Póliza de seguro de vida íntegra</i>	\$	
Other: <i>Otros:</i>	\$	
TOTAL:	\$	

I HAVE / HAVE NOT (← check one) disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. **IF YES**, please list the asset value under the "Other" row in the above listing of assets.

YO ME HE / NO ME HE (marque uno) deshecho de ningún bien valorado en \$1.000 o más en los últimos dos años por menos del valor justo de mercado del artículo. **Si la respuesta es SI**, indique el valor del bien en la fila "Otros" del listado de activos anterior.

PLEASE LIST MOTHER'S FULL MAIDEN NAME FOR ALL ADULTS
POR FAVOR ESCRIBA EL NOMBRE DE SOLTERA DE LA MADRE PARA TODOS LOS ADULTOS

	YOUR FULL NAME SU NOMBRE COMPLETO	YOUR MOTHER'S FULL MAIDEN NAME NOMBRE DE SOLTERA DE SU MADRE
Head of Household <i>Cabeza de familia</i>		
Co-Applicant <i>Co-solicitante</i>		
Other <i>Otro</i>		

Do you own a home or other property? Yes No

¿Es Ud. propietario de una casa u otra propiedad? Sí No

Do you have problems with insect/rodent infestation? Yes No **IF YES**, please answer the following:

Did you assist in the prep prior to extermination? Yes No

Was the extermination successful? Yes No

¿Tiene problemas con infestaciones de insectos/roedores? Sí No Si la respuesta es SI, conteste a lo siguiente:

¿Ayudó en la preparación antes del exterminio? Sí No

¿El exterminio tuvo éxito? Sí No

Are you or any member of your household currently using an illegal substance? Yes No

¿Está usted o algún miembro de su hogar usando una sustancia ilegal en la actualidad? Sí No

Are you or any member of your household currently abusing alcohol? Yes No

¿Está usted o algún miembro de su hogar abusando del alcohol en la actualidad? Sí No

Have you or any member of your household been convicted of drug use, manufacture or distribution? Yes No

¿Ha sido condenado Ud. o algún miembro de su hogar por consumo, fabricación o distribución de drogas? Sí No

Have you or any member of your household been convicted of any crime in the past seven years (including misdemeanors, summary offenses and/or felonies)? Yes No

If YES, what type of conviction? _____

¿Ha sido condenado Ud. o algún miembro de su hogar por algún delito en los últimos siete años (incluyendo delitos menores, delitos sumarios y/o delitos mayores)? Sí No

Si la respuesta es SI, ¿qué tipo de condena? _____

Have you or any member of your household ever been evicted from any housing? Yes No

¿Ha sido desalojado Ud. o algún miembro de su hogar de alguna vivienda? Sí No

Are you or any member of your household registered in any state as a Sexual Offender? Yes No

IF YES, which state(s)? _____

¿Está Ud. o algún miembro de su hogar registrado en cualquier estado como Agresor Sexual? Sí No

Si la respuesta es SI, ¿en qué estado(s)? _____

Please list ALL states in which ALL members of the household listed on page one (1) have resided:

*Enumere **TODOS** los estados en los que **TODOS** los miembros del hogar que aparecen en la página uno (1) han residido:*

Are you presently displaced due to a presidentially declared disaster? Yes No
¿Está actualmente desplazado debido a un desastre declarado presidencialmente? Sí No

Are you currently serving in or are a veteran of the United States Military? Yes No
¿Está actualmente sirviendo en o es un veterano de las Fuerzas Armadas de los Estados Unidos?
Sí No

Are there any special housing needs or reasonable accommodations your household will require? Yes No

IF YES, please list: _____
¿Hay necesidades especiales de vivienda o adaptaciones razonables que requiera su hogar?
Sí No
Si la respuesta es Sí, por favor enumere: _____

Do you own pets? Yes No
IF YES, please list what kind(s): _____
¿Tiene mascotas? Sí No
Si la respuesta es Sí, por favor enumere qué tipo: _____

STUDENT INFORMATION/ INFORMACIÓN DEL ESTUDIANTE

Are ALL household members full-time students? Yes / No
¿Los miembros del hogar son TODOS estudiantes a tiempo completo? Sí No

Is the head of household or co-head/spouse a student part-time or full-time? Yes / No
¿La persona cabeza o co-cabeza/cónyuge del hogar es estudiante a tiempo parcial o completo? Sí
No

If Yes:

Name & address of Institute of Higher Education (college, trade school, etc) that head of household or co-head/spouse attend full or part-time:

Nombre y dirección de la Institución de Educación Universitaria (universidad, institución vocacional, etc.) a la que la persona cabeza o co-cabeza/cónyuge del hogar es estudiante a tiempo completo o parcial:

Is the head of household under 24 years of age? Yes / No
¿La persona cabeza del hogar es menor de 24 años de edad? Sí No

Is the head of household a veteran of the United States Military? Yes / No
¿La persona cabeza del hogar es veterano/a de la Milicia de los Estados Unidos? Sí No

Is the head of household married with a dependent child? Yes / No
¿La persona cabeza del hogar está casada y tiene menor/es dependiente/s? Sí No

Is the head of household an independent student as defined by the U.S. Department of Education? Yes / No
¿La persona cabeza del hogar es un/a estudiante independiente según definido por el Departamento de Educación de los Estados Unidos? Sí No

Is the head of household a person with disabilities as defined in section 3 (b)(3)(E) of the United States Housing Act of 1937 and has received assistance under section 8 as of November 30, 2005?

Yes /No

¿La persona cabeza del hogar tiene alguna discapacidad según definido en la Sección 3(b)(3)(E) de la Ley de Vivienda de los Estados Unidos de 1937 y ha recibido asistencia bajo Sección 8 desde el 30 de noviembre de 2005? Sí No

COMMENTS/ADDITIONAL INFORMATION/ COMENTARIOS/INFORMACIÓN ADICIONAL

In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household:

De acuerdo con la información de recopilación de datos requerida por el Departamento de Vivienda y Desarrollo Urbano (HUD), proporcione la siguiente información para el cabeza de familia:

GENDER/GÉNERO:

Male/Hombre

Female/Mujer

ETHNICITY/ORIGEN ÉTNICO:

Hispanic or Latino/
Hispano o Latino

Not Hispanic or Latino
No Hispano o Latino

RACE: White
Blanco

American Indian/Alaska Native & White
Indio Americano/Nativo de Alaska y Blanco

Black or African American
Negro o afroamericano

Asian & White
Asiático y Blanco

Asian
Asiático

Black/African American & White
Negro/afroamericano y blanco

American Indian or Alaska Native
Indio Americano/Nativo de Alaska y

American Indian/Alaska Native &
Black/African American
Negro/afroamericano

Native Hawaiian or Other Pacific Islander
Nativo hawaiano u otro Isleño del Pacífico

Other Multi-racial
Otros multirraciales

How did you hear about Trinity House Apartments? Please mark all that apply.

¿Cómo se enteró de Trinity House Apartments? Por favor, marque todas las que correspondan.

HDCweb.com
HDCweb.com

SocialServe.Com
SocialServe.Com

Drive-by
Visto al pasar

Craigslist
Craigslist

Referral- HDC Employee
Referencia- Empleado de HDC

Apartment Transfer
Traslado de apartamentos

Apartments.com
Apartments.com

Referral-Family Member
Referencia - Familiar

Facebook
Facebook

Zillow/Trulia/HotPads
Zillow/Trulia/HotPads

Referral-HDC Resident
Referencia - Residente de HDC

GoSection8.com
GoSection8.com

Referral-Local Agency
Referencia - Agencia local

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer(s) and financial references for purposes of income and asset verification related to my/our application for tenancy. I/we understand that in order to be considered for housing we must pass all the resident selection criteria including a credit check, landlord reference check, criminal background check, and income qualification. I/we understand that if information is missing (intentional or not), incomplete, or falsely reported on this rental application, my/our application shall be immediately rejected for consideration of housing. I/we understand that this application gives Housing Development Corporation MidAtlantic permission to verify all the information included within the application and other information requested during the processing of the application. **I/we understand that this application is not an approval for housing.**

*La información proporcionada en esta solicitud es verdadera y completa a mi/nuestro leal saber y entender. Yo/nosotros damos consentimiento a la divulgación de ingresos e información financiera de mi/nuestro(s) empleador(es) y referencias financieras para fines de verificación de ingresos y activos relacionados con mi/nuestra solicitud de arrendamiento. Yo/nosotros entendemos que para ser considerados para la vivienda debemos pasar todos los criterios de selección de residentes incluyendo la verificación del crédito, de referencia del arrendador, de antecedentes penales, y cumplir los requisitos de ingresos. Yo/nosotros entendemos que si hay información que falte (de manera intencional o no), que sea incompleta, o esté falsamente informada en esta solicitud de alquiler, mi/nuestra solicitud será denegada inmediatamente para la consideración de vivienda. Yo/nosotros entendemos que esta aplicación da permiso al Housing Development Corporation MidAtlantic para verificar toda la información incluida en la solicitud y otra información solicitada durante el proceso de solicitud. **Yo/nosotros entendemos que esta solicitud no es una aprobación de vivienda.***

***** ALL PERSONS AGE 18 AND OLDER MUST SIGN THIS APPLICATION BELOW*****

*****TODAS LAS PERSONAS DE 18 AÑOS O MÁS DEBEN FIRMAR ESTA SOLICITUD A CONTINUACIÓN*****

Head of Household
Cabeza de familia

Date
Fecha

Co-Applicant
Co-solicitante

Date
Fecha

Co-Applicant
Co-solicitante

Date
Fecha

CONSENT: I authorize and direct any business; individual; or federal, state, or local agency, department, or organization to release to Housing Development Corporation MidAtlantic as Management Agent for **Trinity House Apartments** any information or materials needed to complete and verify my application for tenancy, my eligibility and continued eligibility for tenancy, and my certification and recertification for assistance, if applicable. I give my consent for the release of such information about the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by any federal, state, or local housing assistance agency and the owner and management agent in administering and enforcing program and owner and management agent rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Identity and Marital Status
- Employment, Income and Assets
- Credit and Criminal Activity
- Criminal History
- Residences and Rental Activity
- Medical or Child Care Allowances
- Social Security Numbers
- Sexual Offender Status

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Past and Present Employers
- Veterans' Administration
- Banks and other Financial Institutions
- Welfare Agencies
- Retirement Systems
- Post Office
- Social Security Administration
- State Unemployment Agencies
- Schools and Colleges
- Utility Companies
- Support and Alimony Providers
- Credit Providers and Credit Bureaus
- Medical and Child Care Providers
- Police Departments and Other Agencies which Retain Criminal Background Histories and Sexual Offender Registries

CONSENTIMIENTO: Autorizo y dirijo cualquier negocio, individuo, o agencia federal, estatal o local, departamento u organización para que divulgue a Housing Development Corporation MidAtlantic como Agente de Administración para **Trinity House Apartments** cualquier información o materiales necesarios para llenar y verificar mi solicitud para arrendamiento, mi elegibilidad y la elegibilidad continuada para el arrendamiento, y mi certificación y recertificación para la asistencia, si corresponde. Doy mi consentimiento para la divulgación de dicha información sobre los niños menores a mi cargo que viven conmigo. Entiendo y acepto que esta autorización o la información obtenida con su uso puede ser dada y utilizada por cualquier agencia federal, estatal o local de asistencia de vivienda y por el propietario y agente de administración para la administración y aplicación de las reglas y políticas del programa y del propietario y del agente de administración.

INFORMACIÓN CUBIERTA: Entiendo que, dependiendo de las políticas y requisitos del programa, puede ser necesaria información previa o actual sobre mí o mi hogar. Las verificaciones y consultas que se pueden solicitar incluyen, entre otras:

- Identidad y Estado Civil
- Empleo, Ingresos y Activos
- Crédito y actividad delictiva
- Antecedentes penales
- Residencias y actividad de alquiler
- Subsidios médicos o de cuidado infantil
- Números de Seguridad Social
- Estado del Agresor Sexual

GRUPOS O INDIVIDUOS A LOS QUE SE PUEDE PREGUNTAR: Los grupos o individuos a los que se puede pedir la divulgación de la información anterior (dependiendo de los requisitos del programa) incluyen, entre otros:

- Arrendadores anteriores (incluidas las agencias públicas de vivienda)
- Empleadores pasados y presentes
- Administración de Veteranos
- Bancos y otras instituciones financieras
- Agencias de prestaciones sociales
- Sistemas de jubilación
- Oficinas de correos
- Administración de la Seguridad Social
- Agencias estatales de desempleo
- Escuelas y Universidades
- Empresas de servicios públicos
- Proveedores de apoyo y pensión alimenticia
- Proveedores de crédito y oficinas de crédito
- Proveedores de Cuidado Médico e Infantil
- Departamentos de Policía y otras agencias que mantengan antecedentes penales y registros de agresores sexuales

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or a Public Housing Authority (PHA) may conduct matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, state, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and state welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Co-Applicant	Print Name	Date
_____	_____	_____
Other Adult Member	Print Name	Date

I hereby certify that the following are minor children living with me:

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX RETURN" MUST BE PREPARED AND SIGNED SEPARATELY.

AVISO Y CONSENTIMIENTO DE COMPARACIÓN POR COMPUTADORA: Entiendo y acepto que el HUD o una Autoridad de Vivienda Pública (PHA) pueden llevar a cabo programas de comparación para verificar la información suministrada para mi certificación o recertificación. Si se hace una coincidencia de computadora, entiendo que tengo derecho a ser notificado de cualquier información adversa encontrada y a tener la oportunidad de refutar la información incorrecta. El HUD o la PHA pueden, durante el curso de sus funciones, intercambiar dicha información automatizada con otras agencias federales, estatales o locales, incluyendo entre otras: las Agencias estatales de seguridad laboral, el Departamento de Defensa, la Oficina de gestión del personal, el Servicio postal de los EE. UU., la Agencia de seguridad social y las agencias estatales de prestaciones sociales y de cupones de alimentos.

CONDICIONES: Estoy de acuerdo con que se pueda usar una fotocopia de esta autorización para los propósitos descritos anteriormente. El original de esta autorización está archivado en la oficina de gestión y seguirá vigente durante un año y un mes desde la fecha de la firma. Entiendo que tengo el derecho de revisar mi expediente y corregir cualquier información que yo pueda probar que es incorrecta.

FIRMAS:

_____	_____	_____
Cabeza de familia	Nombre con letra de molde	Fecha
_____	_____	_____
Co-solicitante	Nombre con letra de molde	Fecha
_____	_____	_____
Otro miembro adulto	Nombre con letra de molde	Fecha

Por la presente certifico que los siguientes son niños menores que viven conmigo:

NOTA: ESTE CONSENTIMIENTO GENERAL NO PUEDE SER USADO PARA SOLICITAR UNA COPIA DE LA DEVOLUCIÓN DE IMPUESTOS. SI SE NECESITA UNA COPIA DE LA DEVOLUCIÓN DE IMPUESTOS, SE DEBE PREPARAR Y FIRMAR POR SEPARADO EL FORMULARIO IRS FORM 4506 REQUEST FOR COPY OF TAX RETURN (SOLICITUD DE COPIA DE LA DEVOLUCIÓN DE IMPUESTO).

THIS IS NOT A CONTRACT

I, _____, (Licensee) hereby state that with respect to this HDC MidAtlantic managed property, **Trinity House Apartments**, I am acting in the following capacity:

As Agent of the Owner/Landlord Pursuant to a Property Management Agreement.

Signatures:

I acknowledge that I have received this notice:

(Head of Household)

Date

(Co-Applicant)

Date

(Co-Applicant)

Date

I certify that I have provided this notice:

(Licensee to be signed by HDC MidAtlantic)

Date

ESTO NO ES UN CONTRATO

Yo, _____ (Licenciario) por la presente declaro que con respecto a esta propiedad administrada por HDC MidAtlantic, **Trinity House Apartments**, estoy actuando en la siguiente capacidad:

Como Agente del Propietario/Arrendador de conformidad con un Acuerdo de administración de la propiedad.

Firmas:

Reconozco que he recibido este aviso:

(Cabeza de familia)

Fecha

(Co-solicitante)

Fecha

(Co-solicitante)

Fecha

Certifico que he proporcionado este aviso:

(Licenciario a firmar por HDC MidAtlantic)

Fecha

**OWNER'S NOTICE NO. 1
FOR AN APPLICANT FAMILY**

Dear Applicant:

Section 214 of the Housing and Community Development act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible noncitizens in the following HUD programs:

- a. Section 8 Housing Assistance Payment programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for assistance under one of these programs; therefore, **you are required** to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are receiving housing assistance. To do this you should:

1. **Complete the attached Family Summary Sheet** to list all family members who will reside in the assisted unit.
2. **During the initial processing appointment with management, you will be required to complete a Citizenship Declaration and provide the following:**
 - (a) Claim eligible citizenship status for those eligible family members listed on the Family Summary Sheet and provide social security cards;

OR

- (b) Claim eligible non-citizenship status for those non-eligible family members listed on the Family Summary Sheet and provide citizenship status as evidenced by one the documents listed below:

NOTE: If you are 62 years of age or older, you need only submit a proof of age document. If you are less than 62 years of age, you should submit one the following documents:

- (1) Form I-551, Permanent Resident Card;
- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - (I) "Admitted as Refugee Pursuant to section 207";

(ii) "Section 208" or "Asylum"

(iii) "Section 243(h)" or "Deportation stayed by the Attorney General"; or

(iv) "Paroled Pursuant to Sec. 212(d) (5) of the INA."

(3) If Form I-94, Arrival-Departure Record, is not annotated, it must be accompanied by one of the following documents:

(i) A final court decision granting asylum (but only if no appeal is taken);

(ii) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990)

(iii) A court decision granting withholding or deportation; or

(iv) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).

(4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(5) *Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.*

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached forms or determining the type of documentation required, please contact _____ . We will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. **Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.**

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least

one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Sincerely,

Resident Manager

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

FAMILY SUMMARY SHEET

Mbr No.	Last Name of Family Member	First Name	Relationship to HOH	Date of Birth
Head				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What **YOU** Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

- The Social Security Administration:
- Social Security (SS) benefits
 - Supplemental Security Income (SSI) benefits
 - Dual Entitlementment SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

- Property owners and managers are able to use the EIV system to determine if you:
- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

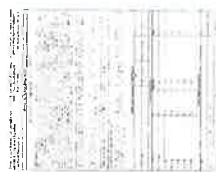
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - *Child support*
 - *AFDC payments*
 - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent is Determined" which includes a listing of what is included or excluded from income.



What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in;

and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.



JULY 2009



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410